



**City of Ann Arbor
PLANNING & DEVELOPMENT SERVICES**

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THIS PAYMENT SHEET MUST BE FAXED TO THE ABOVE NUMBER

PAYMENT COVER SHEET

NAME: _____

COMPANY/PROPERTY NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE: _____